An Affective (Re)balancing Act?

The Liminal Possibilities for Heterosexual Partners on MDMA

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Introduction

The fact that MDMA (3,4-methylenedioxymethamphetamine or ‘ecstasy’) has been dubbed the ‘love drug’ and is notorious for making people feel ‘loved-up’ invites the question—what is MDMA’s relationship to love? And how might MDMA use influence and intertwine with the experiences of people who love each other? Scholars have considered the way drug use is woven into the social fabric of people’s lives (Farrugia 2015; Foster & Spencer 2013) rather than an individualized phenomenon determined by pharmacology, which, arguably, has long dominated in the field of drugs research (Foster & Spencer 2013; Moore 2008).

However, explorations of complex social dynamics and drug use have been mainly limited to friendships, neglecting some of the key relationships in our lives—those of a romantic nature. We propose these intimate relationships can be productively understood through the lens of affective capacity (Deleuze 1988). Affect allows us to focus on the less visible ways in which romantic partners relate to each other, and the capacity to affect and be affected enables us to shift away from the binary thought which has been used to define drug experiences as, for
example, either harmful or unharmful (Farrugia 2015), towards an experiential concern for how someone can be affected by the world around them.

This chapter will outline how we might consider differences between the expectations of men and women to comprise an affective inequality and how this can be partially rebalanced while together on MDMA. We will then focus on how tracing affect and affective capacity on MDMA can illuminate the relational effects of MDMA use and the extent to which this affective inequality might or might not be viewed as problematic by all couples, not just those who take MDMA together. These arguments owe much to feminist approaches which have prompted curiosity around gender inequality, manifested in women performing more emotional labour (Erikson 1993, 2005; Hochschild 1983) and household work including childcare and domestic chores (Bianchi et al. 2000; Dryden 1999; Kan, Sullivan & Gershuny 2011; Lyonette & Crompton 2015; Mannino & Deutsch 2007; Pinto & Coltrane 2009) than men. These concerns have largely been articulated in relation to heterosexual couples; same-sex couples tend to be more equal (Connolly 2005; Gottman 2011) and more emotionally attuned to one another (Jonathan 2009). Hence we will draw only on data with heterosexual couples from the UK, EU and USA.

Feeling Close on MDMA

MDMA is known for inducing heightened energy levels, euphoric mood, openness and empathy (Ter Bogt et al. 2002). It is most commonly associated with the rave scene (Forsyth 1996; Release 1997) but is taken in a variety of contexts (Olsen 2009).

Within drugs research, an epidemiological understanding is dominant; this model depicts drug use as a separate, individuated phenomenon whose ‘risk’ is determined largely by pharmacology (Foster & Spencer 2013). This model casts relationships as: eroded by drug use (Fergusson & Boden 2008; Martino, Collins & Ellickson 2005; Newcomb 1994; Topp et
al. 1999); a coercive force, in the linear ‘peer pressure’ model (Farrugia 2015; Foster & Spencer 2013); or simply irrelevant, omitted from even lengthy discussions of long-term repercussions (for example, Parrott 2001). These conceptualizations fail to recognize the role relationships play in the meaning people derive from their drug use, such as an enhanced sense of connection to loved ones or connection to the dance community as a whole (Beck & Rosenbaum 1994).

Indeed, recent qualitative studies have highlighted the complex ways in which friendships and feelings of closeness intertwine with MDMA use. Moments of intimacy and trust, as well as a lack of accessible alternatives, underscored the reason to use drugs for marginalized young people in Foster and Spencer’s (2013) study. Similarly, intimacy and communication emerge from young men’s accounts of taking MDMA (Farrugia 2015), and bonding effects have also been described as permeating beyond the time and place of ecstasy use, leading to changes in well-being and social behaviour (Hunt, Evan & Kares 2007) and a permanent shift to a more positive outlook regarding other people (Anderson & McGrath 2014).

Yet this literature lacks a focus on how drug use might interweave with a romantic relationship and shape the continually unfolding process of building, sustaining and recalibrating intimacy in this context. To date, there have been only three quantitative studies exploring this topic (Topp et al. 1999; Vervaeke & Korf 2006). The resulting picture is mixed, including findings that MDMA’s influence is potentially lasting and beneficial (Rodgers et al. 2006), with over a quarter reporting improved relationships; detrimental (Topp et al. 1999), with forty per cent of 329 ecstasy users describing ecstasy-related relationship problems in a six-month period; and ambiguous (Vervaeke & Korf 2006), depending on whether ecstasy-using partners were still together or not.
We assume that if MDMA enhances the bonds of friendship, it might also figure in romantic intimacy. Certainly, its prosocial effects of greater openness and empathy seem aligned with such an outcome. What is required then is a shift in focus away from ‘individual behaviour and individual practices’ (Duff 2008:386) of drug use to the relational behaviour and relational practices of couples who take drugs together.

**Intimate Relationships: A Process Ontology Perspective**

Intimate relationships are understood within a practices framework as what couples *do* to build intimacy, such as cooking dinner, listening to the grievances of a long work day or sharing jokes (Gabb & Fink 2015; Jamieson 2005). This draws on a rich sociological tradition of focusing on family practices, what families do, as a way to avoid the preconceptions of what ‘the family’ *is* (Morgan 2002). Relationships are thus viewed as materialized through everyday practices of relating, which are themselves shaped by cultural and material constraints (Gabb & Fink 2015). This conceptualization is argued to align itself with a process ontology where existence is realized through a continual activity of *becoming* (Brown & Stenner 2009) rather than fundamentally comprising of permanent, stable substances. In other words, a relationship is an ongoing process, rather than a unitary object with fixed attributes.

A process ontology also underlies the concept of affect crucial to the framing of this chapter. This focus on affect is seen as helpful in two respects: it enables us to see the less visible ways in which inequalities can structure our intimate relationships, and its experiential undertones allow us to move away from the imposition of top-down (often binary) concepts
which have framed drugs research towards an ‘experience-up’ understanding. Affect is defined here in a Deleuzian manner, as an arrangement of the relations between bodies (both human and object) from which a determination to act emerges (Deleuze, 1988). Hence, affect is understood as mediated by our bodies, acknowledging our status as embodied beings compared with the disembodied psyche of Cartesian thought (Cromby 2004).

Emotions and affects seem inextricable from ethics; every major philosophical treatise has wound the two together (Stenner 2013). For example, Aristotle holds that a man of virtue does not just perform ethical actions but takes pleasure in them. Deleuze (1988) maintains that relations cannot a priori be labelled good or bad; rather it is the affective capacities which emerge from a particular ordering of bodies which is important. A good set of relations between bodies entails a greater affective capacity, and a bad set of relations decreases a body’s ability to be affected. This kind of ethical approach has already been argued to be particularly useful for drugs research, which has been beset by simplistic, pre-fixed binaries such as healthy/unhealthy and harmful/unharmful (Farrugia 2015). Here, we apply the same concept of affective capacity, yet interpret the repercussions of increases in affective capacity within the framework of intimate relating practices (Gabb & Fink 2015).

This understanding of affect is approached here from a re-engagement with thinkers such as Alfred N. Whitehead and Gilles Deleuze, from the position of British social psychologists (Brown 2012; Brown & Reavey 2015; Brown & Stenner 2009; Stenner 2008; Stenner & Moreno-Gabriel, 2013). From this perspective, the world is not viewed as made up of things, as in a substance ontology, but ‘begins in the middle’: relations and processes are viewed as ontologically fundamental (Brown & Stenner, 2009). Experience is viewed as a product of the relationships between different aspects of the world, such as the biological, the social, the psychological and the spatial, which are themselves conceived as processes.
An Affective Inequality

In order to understand how affective relations can be reformed on MDMA for opposite-sex partners, the ways in which everyday affects tend to be organized and how this intersects with gender must first be considered. We conceptualize affective relations as a helpful orientation to how men and women relate, rather than a deterministic category which ‘fixes’ how men and women behave. Women tend to follow the expectation to be more involved in the ‘emotional dimension’ of life than men (Dryden 1999). This manifests firstly in women taking on more responsibility for maintaining relationships than their male partners (Jonathan & Knudson-Martin 2012). For example, they perform more ‘emotion work’: the practice of being emotionally sensitive and supportive to others (Erickson 1993, 2005). Moreover, the emotion work of a male partner has been linked to relationship satisfaction (Duncombe & Marsden 1993; Erickson 1993), and the lack of emotional intimacy from a male partner is one of the key reasons women give for separation (Jamieson 1998).

Secondly, the reluctance of men to discuss and express their emotions is a well-documented phenomenon (Strazdins & Broom 2004), although it should be noted that this distinction takes place on the expressive rather than experiential level. There is no difference in the frequency of self-reported emotional experiences between men and women (Simon & Nath 2004; cf. Fujita, Diener & Sandvik 1991), but the social sanctions that exist around violating emotion rules are much higher for men (ed. Brooks & Good 2001), such as with the inappropriateness of public displays of sadness.

Women tend to be more emotionally expressive and place greater emphasis on emotional support and intimacy than their male partners. This leaves a seeming mismatch between how men and women deal with their own emotions and the emotions of others, which, moreover, seems to impinge upon their experience of romantic fulfilment in a heterosexual relationship.
Same-sex couples were not interviewed as part of this research, but do seem to experience less of an affective mismatch in that they are more intentional about creating emotional attunement and are more likely to be attuned to one another (Jonathan 2009).

This mismatch between men and women when it comes to emotion collides with research on the personal benefits of being emotionally open and expressive (Pennebaker 1995), including the ability to more fully connect with others (Baumeister & Leary 1995; Brown 2012; Laurenceau & Kleinman 2006), which has its own positive repercussions on well-being (Siedlecki et al. 2014) and health (Umberson & Karas Montez 2010). We want to tentatively frame the different degrees to which men and women are licensed and expected to participate in emotional aspects of life as affective inequality in order to understand how communication can be (re)made on MDMA.

**Reassembling Affective Relations on MDMA**

‘Liminality’ has been used to encompass a broad array of meanings, but it is used here to denote a situation where the everyday structures and systems which govern human life are suspended or altered (Stenner & Moreno-Gabriel 2013; Turner 1987).

Being on MDMA has been described as a liminal space (Ashenhurst 1996; St John 2015), a rupture holding new possibilities for the reconfiguration of social codes and conventions, often taking the form of a sense of ‘communitas’ where people experience a sense of oneness with humanity as a whole (Stenner & Moreno-Gabriel 2013:21); here, however, it was the reassembling of gendered affective relations on MDMA which came through in the data.

The first author conducted in-depth, semi-structured interviews with ten couples who had taken MDMA together five times or more. Visual methods were incorporated within the interviews: couples were asked to bring five objects or photos as talking prompts (Del Busso
2009; Majumdar 2011), each item representing a time they had taken MDMA together, as well as to draw a timeline of their relationship (cf. Iantaffi 2011). The decision to use visual methods reflected a concern with the materiality and multimodal nature of existence (ed. Reavey 2011), a crucial constituent of the process perspective taken in this work since we exist within interconnected social and material webs (Stenner 2008).

Using visual prompts, such as objects and the timeline, can also provide a safer method of communication—acting as an intermediary between researcher and researched, something for participants to speak through and to (Boden & Eatough 2014). In addition, such physical prompts might further help participants ground their accounts in ‘concrete experiences’ (Silver & Reavey 2010:1643), lending specificity and detail to the discussion while avoiding generalized talk about their experiences (ed. Reavey 2011).

All interview transcripts were analysed thematically according to Braun and Clarke’s (2006) guidelines. The data was coded with a specific focus in mind, namely how couples experienced (or did not experience) closeness, and then organized into themes, contextualized by insights from the literature. Braun and Clarke (2006) describe two ‘camps’ of thematic analysis: ‘theoretical’ and ‘latent’ versus ‘inductive’ and ‘semantic’. This analysis falls more into the former, meaning it sought to code for how comments revealed underlying assumptions and ideas participants held, rather than being coded semantically for the surface meaning of comments. Two theoretical concerns in particular guided the coding of the data: (1) how our experience is grounded in the material settings and objects of the world (Brown & Reavey 2015; Latour 1996, 2005); (2) the vital role of feeling in human life (Cromby 2007, 2015; Wetherell 2013).

Mark: Becoming More Affected
Mark and Jenny, a cohabiting couple in their thirties who have been together eight years, will be used as a case study to explore gendered affective differences in greater depth. Mark describes his affective experience on MDMA:

I don’t have much empathy in normal daily life […] and so I think, erm, that switches me to actually feel empathy for another person, so I think that I am a much better listener, erm, for Jenny. I understand what she’s saying on a level that I can’t when I’m not on the drug. It feels like I get what she’s saying as opposed to just thinking about it.

Mark’s lack of empathy in ‘normal daily life’ is congruent with, though perhaps a more extreme example of, a wide selection of research findings that show men display a lessened degree of emotional sensitivity than women (Montagne et al. 2005) and perform less emotion work in their relationships (Erikson 1993, 2005). However, communicating with Jenny on MDMA ‘switches’ him into a different, more empathetic state where he can be a ‘much better listener’ and really ‘get what she’s saying’. The use of ‘switch’ imitates a transition from one state to another, suggested here as representing movement to a liminal realm, away from the everyday affective order—where women are expected to be more emotionally communicative and supportive than men. And, indeed, this liminal switch reconstitutes the relations between bodies, from which a new affective capacity emerges. These bodies can feel things on ‘a level’ they ‘can’t when […] not on the drug’, access to a deep affective realm which is arguably restricted for ‘rational’ and ‘unemotional’ (Fischer 2000) men in ordinary life.

This deeper understanding resembles ‘knowing of the third kind’, where feelings provide an ‘embodied form of practical-moral knowledge’ (Shotter 1993:40). This is the idea that feelings guide our actions (manifested in common turns of phrase such as ‘go with your gut’).
and this embodied knowing is distinct from cognitive knowing—as Mark says, ‘as opposed to just thinking about it’ (our emphasis). But this knowing of the third kind is not rootless; rather it is based in the detail and outcome of our experience of previous encounters, embodied within us. Since feelings are important sensuous guides to how we act (Cromby 2007), it seems clear that Mark’s power to act is increased by this liminal reordering of relations: he has an embodied knowledge of other bodies that he did not have before and indeed that lingers on in everyday life, informing how he relates: ‘I don’t know if it really has made me more empathetic not on the drug but it’s given me the ability to understand what that empathy means.’

The liminal possibilities of MDMA space extend beyond Mark’s sensitivity to Jenny’s emotions to his ability to express how he feels, as he explains:

You know, the feeling of, erm, being insecure or that you’re gonna be judged […] for some reason when you’re talking about it when you’re on MDMA, you feel like the other person truly understands you […] Erm, and that’s so much, so difficult to, to know if that’s happening in everyday. I think we sort keep ourselves protected, we don’t want to get hurt, but when you’re taking the drug, it allows you to take down those walls and just be open to somebody […] personally I have a very difficult time talking about feelings […] I don’t get upset at funerals, I don’t err express emotion very well.

Mark has a ‘very difficult time talking about feelings’ and does not ‘express emotion very well’, drawing on the widely acknowledged phenomenon previously discussed of men’s lessened emotional expressiveness compared with women. However, this is not to say he experiences emotions at a lesser rate than women (Simon & Nath 2004; cf. Fujita et al. 1991). Mark explains his lack of expressiveness stems from feeling ‘insecure’ or that he will
‘be judged’, reflecting the much higher social approbation meted out to men who violate gender emotion norms (Brooks & Good 2001). However, these gender norms are splintered here, and a new affective capacity develops from Mark’s feeling on MDMA that ‘the other person truly understands you.’ This allows him to communicate his feelings freely, ‘take down those walls and just be open to somebody’, as such deep understanding could be seen to preclude judgement or ‘hurt’. This spatial metaphor of removing ‘walls’ further solidifies the liminal shift from one set of expectations and norms, where the difficulty of ascertaining true understanding makes him ‘protect’ his feelings, to another set, where understanding is more readily attainable and he can express himself.

Crucially, MDMA increases Mark’s capacity for *becoming affected*—he can both ‘feel empathy for another person’ and ‘feel like the other person truly understands’ him—which has been argued as indicative of transformative, liminal situations (Greco & Stenner 2017). States are ‘switch[ed]’ and ‘walls come down’, marking the transition to a repatterning of relations, from which new affective capabilities arise. These relations widen a body’s affective capacity (Deleuze 1988). This is particularly pertinent in the context of drug use, which has been viewed as a peculiar, moralized category of experience, reduced to measurements of risk and harm. Here, it is possible to see how the relations between bodies are experienced as not harmful but potentially helpful: enhancing communication and connection.

**‘Doing’ Intimacy on MDMA: Disclosure and Emotional Closeness**

Practices of couple intimacy resulting from an increased affective capacity will now be explored in greater detail. To reiterate, ‘practices’ of intimacy (Gabb & Fink 2015) ‘enable, generate and sustain a subjective sense of closeness’ (Jamieson 2011:1)—for example, spending time together, sharing secrets, making a cup of tea. This means that intimacy is
‘done’ and ‘felt’ instead of something a relationship either ‘has’ or ‘does not have’ (see Smart 2007). Talking with and listening to a partner is one of the myriad intimate practices long-term couples engage in which sustain their relationship, valued as one of the few places where a partner feels their voice is heard and they can freely express how they feel and what they think (Gabb & Fink 2015). This seems particularly encouraged by MDMA. Mark can be completely ‘open’ with Jenny—and not worry about keeping up the same ‘walls’ which ‘protect’ him in his daily life, perhaps from the judgements of others who see being expressive as violating masculinity norms. MDMA could therefore be seen as reordering relations between bodies and opening up new affective capacities where men can be intimate with their partners, cushioned by a deeper level of understanding on the drug than can be easily accessed in their daily lives.

Another practice of intimacy fostered by this increase in affective capacity is emotional closeness (Gabb & Fink 2015). There is an increased ability to share in a partner’s emotional experience; for example, Mark sees himself as more empathetic towards Jenny and can be present with her to become ‘a much better listener’. Feeling emotionally close to your partner has been argued to have taken on a greater significance in the past few decades (De Botton 2015; Giddens 1992), and both sharing in and responding to a partner emotionally has been flagged as a cornerstone of relationship fulfilment (Knudson-Martin 2012; Scheff 2011). However, this is not to say relationships are necessarily contingent on ever-present feelings of closeness; they are still deeply embedded in larger familial and friendship networks (Duncan & Smith 2006; Irwin 2005; Jamieson 1998; Smart 2007; Smart & Shipman 2004), and formed and sustained through diverse practices of intimacy such as practical care (Gabb & Fink 2015; Jamieson 1998).

**Not a One-Way Street: Reconfiguring Expectations for Jenny**
Mark’s inability to connect with Jenny on an emotional level has been a source of strife—‘there’s a lot of turmoil over, um, that stuff”—and Jenny recalls how she would ‘take it personally’ when Mark did not open up to her. Being in this liminal affective space together also has a significant impact for Jenny: ‘I think understanding that Mark expresses his emotions in a different way [...] kind of expectations that, um, y’know, that he’d be more open with his emotions and now I know he’s not like hiding anything or, um, or like y’know, closing me off. That’s just how he is.’

She too comes to a new understanding of Mark—that he ‘expresses his emotions in a different way’ and is not ‘hiding anything’ or ‘closing [her] off’. The power of this affective shift for Jenny is clearly associated with her conventional ‘expectations’ of how open he should be with her being reassembled: his inexpressiveness is ‘just how he is’. This is described as vital by her in decreasing her insecurities around the relationship and building the trust and intimacy between them. Her ‘expectations’ that Mark would be emotionally open conflict with the gender norms previously discussed, namely that men express their emotions less frequently (ed. Brooks & Good 2001; Strazdins & Broom 2004) and women place more emphasis on emotional intimacy than men do (Jamieson 1998). This could be seen as pointing to a broader issue in heterosexuality. Sociocultural norms call for an unemotional masculine identity, yet another set of norms centre on a disclosing model of intimacy (Giddens 1992) where partners are emotionally intimate and open with one another, which is arguably a prevailing modern force for at least how we think we should be doing relationships (Brownlie 2014; Furedi 2004; Illouz 2008).

Hence, it appears that while everyday relations are reassembled on MDMA, they are not completely suspended. Sociocultural values, in particular the importance of a partner disclosing personal thoughts and feelings, contextualize the value of this new ‘emotional side’ to Mark. But, equally, this increase in affective capacity also allows Jenny to challenge
these cultural expectations of emotional expression and openness, reaching what might be
called a ‘deep knowing’ of the other (Gabb & Fink 2015:48). This deep knowing is an
intimate practice which makes room for alternative interpretations of a partner’s behaviour,
one drawing on previous insight about how they might differently navigate situations. For
example, Jenny would not now perceive Mark’s silence around a tragic event as ‘closing her
off’ but as a manifestation of his different approach to dealing with such events.

Conclusions: An Affective Inequality?

We want to draw attention here to a paradox at the heart of Mark and Jenny’s liminal
encounter. Mark embraces this affective repatterning, acknowledging the benefit for Jenny
and their relationship—‘with [the] emotional barriers that I have and I think that’s why
MDMA was important because it helped her, she gets a side that she never gets to see really
in the relationship’. Simultaneously he is using this increased affective capacity to resist such
a development or expectation in everyday life:

And that’s been helpful for me, now that she’s come to that realization [of his lack of
expressiveness]. I don’t feel a sense of guilt, I think to be someone else that I’m really
not and I think, early on, I was like, I always would think that there was something
wrong with me, that I needed to change. And the more I tried to change, the more
uncomfortable that made me feel […] and finally she’s, she’s started to back off with
it. I feel more comfortable that she appreciates me for me and […] not who she wants
me to be.
It seems here that the liminal affective possibilities of MDMA involve the becoming of ‘someone else that [he is] really not’ and that he does not want this persona to carry over into everyday life: ‘the more I tried to change, the more uncomfortable that made me feel.’ Within this context, it does not seem as though Mark would view the ‘affective inequality’ which has primed this discussion as an inequality at all—understood as an unfair difference which restitution is sought for. Rather, it is part of his authentic self that Jenny should and has accepted: ‘she appreciates me for me.’

Although the liminal space of MDMA is appreciated for the relations it makes possible on the drug, and the understanding which remains thereafter, it is not a state Mark wishes to emulate.

However, other male partners did experience the affective reordering on MDMA as more freeing, and described personal transformations in their affective capacities: ‘[MDMA] helped me to, erm, to become an emotional person in real life, like sober too’ (Lars). Indeed, Lars talks about how being extremely ‘emotionally reserved’ prior to taking MDMA severely restricted his capacity to act, to form relationships and participate in ordinary events such as singing ‘Happy birthday’ to a loved one. Within a process ontology, contradictions are not viewed as problems to be ironed out, but rather as indicative of the complexity and messiness of life. In this instance, this divergence might indicate the different degrees to which men may feel constricted by everyday affective expectations. For some, it may be problematic and hamper their connective possibilities, but others may value a different way of relating more, for example in the performance of traditionally masculine acts of practical care (Gabb & Fink 2015). Regardless, it seemed the affective capacities which emerge on MDMA were appreciated by men and women, although perhaps only as a liminal, rather than more permanent, shift.
We have argued in this chapter that the liminal possibilities of MDMA allow an affective repatterning: partners can express what they are feeling and thinking as well as share more fully in each other’s emotional experience. This was suggested to be particularly significant for heterosexual couples who transitioned from sociocultural norms where men were not expected to be as emotionally sensitive or expressive as women; yet such qualities, for instance being able to be emotionally open and responsive to a partner, have been linked with relationship satisfaction (Cohen et al. 2012; Connolly & Sicola 2005; Jonathan & Knudson-Martin 2012). These sociocultural norms were claimed to constitute an affective inequality between the genders which was fragmented by MDMA.

Moreover, couples’ ecstasy experiences were set within a Deleuzian ethical understanding, and, as such, these relations, and the increased affective capacity which emerged from them, were regarded as positive, in contrast to the narrow, dominant conception of drug use as solely unhealthy or harmful. Indeed, this increased affective capacity was linked with relational practices such as talking, listening and emotional closeness, which wove into and supported the continual unfolding of couples’ intimacy.

Yet, it is finally argued, this affective inequality was not always framed as such by Mark: the reordering of relations was considered helpful for partner intimacy, but so too was an understanding of other ways of (not) being affected. This points to the complexity of what it means to share feeling. For some men, the significance of taking MDMA with their partner was not about feeling guilty about their inexpressiveness or being made to share feelings, but rather about their partner accepting different forms of selfhood which were not always centred on disclosure, implying that it might be the very liminal and transitory nature of the affective space of MDMA which secures its value.

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